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27683	7590	11/30/2006	Certificate of Mailing or Transmission						
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				April Reasoner (Depositor's na			(Depositor's name)		
						Cami	0 Y Llasener	(Signature)	
						February 14, 2007		(Date)	
APPLICA'	TION NO.	FILING DATE	FIRST NAME		D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/79	97,344	03/10/2004		Bill H. M	Bill H. McAnalley		23100.64	4291	
TITLE OF IN	VENTION:	COMPOSITIONS OF PLA	NT CARBOHYD	RATES AS	DIETAF	RY SUPPLEMENTS			
APPLN	. TYPE	SMALL ENTITY	ISSUE FI	EE	PL	IBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonpr	ovisional	NO	\$1400			\$300	\$1700	02/28/2007	
EXA		MINER	ART UNIT		CI	ASS-SUBCLASS			
FLOOD, MICHELE C			1655	1655		514-023000			
1. Change of correspondence address or indication of "Fee Address" CFR 1.363).  Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  ON THE PATENT (print or type)					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME	EE	(B	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
MANI	NC.		Coppell, Texas						
		e assignee category or catego				☐ Individual ☑ (	Corporation or other private gr	oup entity Government	
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✓ Issue Fo	small entity discount permitte	od)	☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.						
Advanc			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1394 (enclose an extra copy of this form).						
	•	(from status indicated above MALL ENTITY status. See	•	b. Applic	cant is no	longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).	
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Authorized Signature KullCh				Date 14 February 2007					
Typed or printed name Randall C. Brown				Registration No. 31,213					
cubmitting the	a completed a	onlication form to the LISPT	( ) Time will vary	depending iii	non the i	naivialial case. Any a	the public which is to file (and the public which is to file (and the public the public that the public that the public that the public that the public which the public that the public that the public which the public that the public which the public that the public that the public which the public that the public which the public which the public which the public which is to file (and the pub	me vou realure la comblete	

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